DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/10/2011 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 150112		(X2) MULTIPLE CO A. BUILDING B. WING	00	(X3) DATE SURVEY COMPLETED 07/05/2011	
NAME OF PROVIDER OR SUPPLIER COLUMBUS REGIONAL HOSPITAL		2400 E	ADDRESS, CITY, STATE, ZIP CODE 17TH ST MBUS, IN47201		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
A0000	(1) Federal comp Complaint numb	er: IN00091044 eficiencies related to	A0000		
	Facility number: Surveyor: Jennit Public Health Nu QA: claughlin 0	fer Hembree, RN urse Surveyor			
A0119	prompt resolution must inform each file a grievance.] T body must approveffective operation and must review a unless it delegates to a grievance con Based on documen interview, the governments.	nt review and staff erning board failed to ive grievance process for 1	A0119	A_119How we are going to correct the deficiency:1. Lett be sent to patient who did no receive follow-up on compla that patient had to bang on t	ot int

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

1ZR611

Facility ID:

005099

If continuation sheet

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED 00 A. BUILDING 150112 07/05/2011 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2400 E 17TH ST COLUMBUS REGIONAL HOSPITAL COLUMBUS, IN47201 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PREFIX (EACH DEFICIENCY MUST BE PERCEDED BY FULL PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE bed for assistance and was not Findings include: provided with a cane for ambulation during the ED visit. Person Responsible: ED Nurse 1. Review of the complaint/grievance log for ManagerDate to complete: This January-present indicated that two letter will be mailed 08/05/11. How (2)grievances/complaints were filed by the we are going to prevent the family of patient #N1 as follows: deficiency from recurring in the (A) A family member notified the hospital on future:2.a.Completed a process 2/23/11 with complaints including, but not standardization that now allows limited to, his/her parent had to "bang on the timely review of key metrics for our complaint resolution process. bed for help" and the patient (#N1) required a Person Responsible: Risk cane to ambulate and staff ignored their ManagerDate of completion: This requests during a recent ED visit. was completed July, 2011.2.b. (B) A family member notified the hospital on Log created that tracks number of 2/28/11 with a complaint that during the ED days between initial letter sent to visit, patient #N1 had two (2) necklaces patient/family to final letter sent to missing. patient. Person Responsible: Risk ManagerDate of completion: This was completed June 7, 2011.2.c. 2. The facility patient relations worksheet Weekly review indicated that the complaints/grievances were grievance meetings (every resolved on 3/21/11. Wednesday) to review log that contains complaints logged. Log 3. A letter sent to patient #N1 on 3/1/11 contains date of initial letter sent indicated the facility was following up on the to patient/family that identifies awareness of complaint to date of two necklaces that were lost. The letter did final letter sent (resolution or not address the complaint that the patient had response of complaint) and to bang on the bed for assistance or that number of days between. If final he/she was not provided with a cane for letter not sent, determine days ambulation during the ED visit. remaining until 30-day time period and either assign responsible 4. Facility policy titled "Complaint person to send follow-up Resolution for Patients/Visitors" last response letter or need to send notice to patient/family indicating reviewed/revised 12/09 states on page 1: "3. the reason for additional delay. To treat all complaints and grievances as an Person Responsible: Risk opportunity to improve upon the quality of Manager and Patient Relations services provided, and to treat any person RepresentativeDate of expressing a complaint or grievance with Completion: Process to begin

NAME OF PROVIDER OR SUPPLIER COLUMBUS REGIONAL HOSPITAL IX1 ID SUMMARY STATEMENT OF DEFICIENCIES IX ID SUMMARY STATEMENT OF DEFICIENCY SUM ON THE COURT OF TH	l l		l '		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
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NAMIOU PROVIDER OR SUPPLIER COLUMBUS REGIONAL HOSPITAL AGAIN DEFICIENCY MISTELLE PRECIDED BY YELL TAG Managers/Directors or their designated representative, will handle each complaint on an individual and timely basis, taking into consideration the nature of the grievance and any factors that might endanger patient safety, and will			150112	- 1			07/05/2	011	
COLUMBUS REGIONAL HOSPITAL (X4) ID SIMMARY STATEMENT OF DEFICIENCIES (CACH DEPICIENCY MUST IN PRECEDED IN VIOLE TAG REGICLATION FOR INFORMATION) dignity and respect					STREET A	ADDRESS, CITY, STATE, ZIP CODE			
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representative, will handle each complaint on an individual and timely basis, taking into consideration the nature of the grievance and any factors that might endanger patient safety, and will:			=						
letter and final letter < 30 days, > 30 days and number of cases incomplete) and develop plan of action if metric goals are not met. Person Responsible: Risk managers and policy 1-107 Complaint. Send policy 1-107 Complaint Resolution for Patient Visitors to Managers and policy or resolution with the patient and/or visitor as well as with the hospital and medical staff involved, and document such response in Section II of the Customer Complaint Documentation Form." 5. Staff member #P2 indicated the following during interview beginning at 3:15 p.m.: (A) The patient safety issue that the patient had to "bang on the bed for help" in the complaint received by the hospital for patient #N1 had not been addressed. A0701 The condition of the physical plant and the overall hospital environment must be developed and maintained in such a manner that the safety and well-being of patients are assured. Based on observation and staff interview, the facility failed to maintain a safe environment for 2 of 19 emergency department (ED) letter and final letter < 30 days and number of cases incomplete) and number of cases incomplete) and purpose in self-one timetric goals are not met. Person Responsible: Risk ManagerDate of Completed: Process to begin 08/26/11.2.e. Send policy 1-107 Complaint Resolution for Patient-Visitors to Managers and Directors with reminder of their responsibility with the complaint resolution process. Person Responsible: Risk ManagerDate of completed: Process to begin 08/26/11.2.e. Send policy 1-107 Complaint Resolution for Patient-Visitors to Managers and Directors with reminder of their responsibility with the complaint resolution process. Person Responsible: Risk ManagerDate of Completed: Process to begin 08/26/11.2.e. Send policy 1-107 Complaint Resolution for Patient-Visitors to Managers and Directors with reminder		·	ē			,			
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complaint, or arrange for such investigation, involving all appropriate hospital/medical staff as needed." Page 4 states: "Once the Staff Member or Manger has completed their investigation, they will communicate, verbally if possible, the response and/or resolution with the patient and/or visitor as well as with the hospital and medical staff involved, and document such response in Section II of the Customer Complaint Documentation Form." 5. Staff member #P2 indicated the following during interview beginning at 3:15 p.m.: (A) The patient safety issue that the patient had to "bang on the bed for help" in the complaint received by the hospital for patient #N1 had not been addressed. A0701 The condition of the physical plant and the overall hospital environment must be developed and maintained in such a manner that the safety and well-being of patients are assured. Based on observation and staff interview, the facility failed to maintain a safe environment for 2 of 19 emergency department (ED) ManagerDate of Completed: Process to begin 08/26/11.2.e. Send policy 1-107 Complaint Resolution for PatientVisitors to Managers and Directors with reminder of their responsibility with the complaint resolution process. Person Responsible: Risk ManagerDate of completion: This will be completed August 12, 2011. A0701 A		any factors that mi	ght endanger patient						
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	bays/rooms observed. Findings include: 1. During tour of a.m. and accompand P2, P3 and P4 the (A) Fast track root light for a patient and the room was (B) Hall bay #3 however there was the phone that the or would ring to. 2. Staff member fininterview begin (A) He/she verifies had no call light and resulting to the call light and resulting to the call light and resulting the call light and resulting to the ca	the ED beginning at 10:30 nied by staff members #P1, following was observed: om C did not have a call to summon staff if needed not taken out of service. ad a working call light that urried by a staff member, s no staff member carrying call light was connected to #P1 indicated the following ning at 2:15 p.m.: ed that fast track room C nd that no staff had the ll light from hall bed/bay #3			2011Person Responsible: ED Nurse Manager1.b. Hall bay ascom phone assigned and to nurse.Person Responsible Nurse ManagerDate of completion: July 5, 2011How are going to prevent deficien from recurring in the future;2 All Hall Bay Beds (# 1- 4) wil assigned to Patient Care Coordinator's ascom phone (#7370). Call will also be set Trauma 2 Float ascom phone (#7381, 7382, 7383 and 739 Email uploaded to demonstraction completed.Person Responsible: ED Nurse ManagerDate of completion: 19, 20112.b. Emergency Department Policy "Assessment of Patients revised to include "initial and ongoing safety assessment to include call light within reach Policy uploaded that docume changes made to policy.Pers Responsible: ED Nurse ManagerDate of completion: 11/112.c. ED staff communic on policy change, change in ascom assignment to PCC a reinforced need to assure patients have call lights We document uploaded to demonstrate action completed.Person Responsible ED Nurse ManagerDate of completion: 7/19/112.d. Rein policy change and assignment hallway phones at staff meetings.Person Responsible metings.Person Responsible meting	# 3 given e: ED we cy .a. I be nt to e(# cones 5) - eate July nent o " ents con o o o o o o o o o o o o o o o o o o		

Facility ID:

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	COMPLETED	
AND TEAN OF CORRECTION		150112	A. BUILDING	00	07/05/2011	
		100112	B. WING		07/03/2011	
NAME OF F	PROVIDER OR SUPPLIER		l l	ET ADDRESS, CITY, STATE, ZIP CODE		
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(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	•	CY MUST BE PERCEDED BY FULL I SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	MPLETION DATE
S0000	This visit was for (1) State complaint numb Substantiated: De allegation cited.	r the investigation of one nt. er: IN00091044 eficiencies related to	S0000	ED Nurse ManagerDate of completion: 7/26/11 and 7/28/112.e. Patient Care pol "Assessment/Reassessment Patient" revised to include "Safety/risk assessments ar included throughout the function health patterns. Initial assessment includedcall accessibility/use" and "safetrisk assessment are ongoing throughout hospitalization". Policy uploaded that docum changes made to policy".Pe Responsible: Risk Manager of completion: 7/11/112.f. W monitor call lights available ED rooms, including Fast Tr Rooms daily for 7 days, ther weekly for 7 weeks. Will determine need for additional monitoring after the 8 week period. Follow up with staff following HR coaching and disciplinary action process it without call light.Person Responsible: ED Nurse ManagerDate of Completion Start monitoring August 4, 2	icy t of e ctional ight y and g ents rson Date eekly in all ack n	DATE
	Date of survey:	<i>1-⊍</i> -11				

AND PLAN OF CORRECTION IDENT		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUIL		NSTRUCTION 00	(X3) DATE : COMPL	ETED
	150112 B. WING 07/05/20		011				
NAME OF PROVIDER OR SUPPLIER				2400 E	ADDRESS, CITY, STATE, ZIP CODE 17TH ST		
COLUMB	SUS REGIONAL HO	SPITAL	_	COLUM	IBUS, IN47201		
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		CY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	ГЕ	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	+	TAG	DEFICIENCY)		DATE
	Facility number:	005099					
	Surveyor: Jennif	fer Hembree, RN					
	Public Health Nu	irse Surveyor					
	0.4	7/07/11					
	QA: claughlin 0°	//2//11					
S0294	410 IAC 15-1.4-1 ((c)					
	(c) The governing for managing the h	board is responsible nospital.					
	Based on documer	nt review and staff	S0:	294	S_294How we are going to		08/26/2011
	interview, the gove	erning board failed to			correct the deficiency:1. Let		
		ive grievance process for 1			be sent to patient who did no receive follow-up on complai		
	of 2 patient grieva	nce reviewed.			that patient had to bang on the	ne	
	Findings include:				bed for assistance and was r provided with a cane for ambulation during the ED vis		
	1. Review of the o	complaint/grievance log for			Person Responsible: ED Nu		
	January-present in	dicated that two			ManagerDate to complete: T		
	(2)grievances/com	plaints were filed by the			letter will be mailed 08/05/11	.How	
	family of patient #				we are going to prevent the		
	. ,	nber notified the hospital on			deficiency from recurring in the future:2.a.Completed a process		
		plaints including, but not			standardization that now allo		
	·	parent had to "bang on the			timely review of key metrics t		
		the patient (#N1) required a			our complaint resolution prod	cess.	
		and staff ignored their			Person Responsible: Risk	T 1.	
	requests during a recent ED visit. (B) A family member notified the hospital on 2/28/11 with a complaint that during the ED				ManagerDate of completion: was completed July, 2011.2.		
					Log created that tracks number		
		nad two (2) necklaces			days between initial letter se		
	missing.	idd two (2) nockidees			patient/family to final letter se		
					patient. Person Responsible:		
	2. The facility pat	ient relations worksheet			ManagerDate of completion: was completed June 7, 2011		
	• •	complaints/grievances were			Weekly review		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 150112			LDING	NSTRUCTION 00	(X3) DATE COMPL	ETED	
NAME OF PROVIDER OR SUPPLIER COLUMBUS REGIONAL HOSPITAL			<u></u>	STREET A 2400 E	ADDRESS, CITY, STATE, ZIP CODE 17TH ST IBUS, IN47201	<u> </u>	
(X4) ID PREFIX TAG	summary s (EACH DEFICIENT REGULATORY OR Tesolved on 3/21/ 3. A letter sent to indicated the facility two necklaces that not address the cost to bang on the bed he/she was not proambulation during. 4. Facility policy Resolution for Parreviewed/revised To treat all comploportunity to improve services provided expressing a complication of the any factors that me safety, and will: complaint, or arrainvolving all approxamples approxamples of the safety of the	patient #N1 on 3/1/11 ity was following up on the twere lost. The letter did implaint that the patient had if for assistance or that ovided with a cane for the ED visit. It titled "Complaint itents/Visitors" last 12/09 states on page 1: "3. aints and grievances as an orove upon the quality of and to treat any person plaint or grievance with itents." Page 3 states: "3. its or their designated ill handle each complaint on timely basis, taking into inature of the grievance and ight endanger patient intentsB. Investigate the inge for such investigation, oppriate hospital/medical page 4 states: "Once the Manger has completed their of will communicate, ethe response and/or incommunicate, ethe response and/or incommunicate, ethe response in customer Complaint		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (BACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIL DEFICIENCY) grievance meetings (every Wednesday) to review log the contains complaints logged contains date of initial letter to patient/family that identification awareness of complaint to a final letter sent (resolution or response of complaint) and number of days between. If letter not sent, determine day remaining until 30-day time and either assign responsib person to send follow-up response letter or need to sonotice to patient/family indicate reason for additional deleters on Responsible: Risk Manager and Patient Relation RepresentativeDate of Completion: Process to bego 08/10/11.2.d. Monthly revieved VP and CMO on metrics (number of cases with days between letter and final letter < 30 days and number of cases incomplete) and develop plate action if metric goals are noton Person Responsible: Risk ManagerDate of Completed Process to begin 08/26/11.2 Send policy 1-107 Complain Resolution for Patient/Visitor Managers and Directors with the complaint resolution process. Person Responsible with the complaint resolution process. Person Responsible Risk ManagerDate of completed Augustant Process (Person Responsible) Risk ManagerDate of completed Augustant Process (Person Responsible) Risk ManagerDate of completed Augustant Resolution for Patient/Visitor Manager Person Responsible Risk ManagerDate of completed Augustant Person Responsible Risk ManagerDate of completed Augustant Person Responsible Risk ManagerDate of completed Augustant Resolution Reso	nat Log sent es date of r final ays period le end ating ay. ons in w wtih umber initial ays, > es an of t met.	(X5) COMPLETION DATE
	5. Staff member a	#P2 indicated the following					

005099

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		00				DATE SURVEY COMPLETED	
150112		A. BUILD B. WING			07/05/20		
AND THE STATE OF T			B. WING		DDRESS, CITY, STATE, ZIP CODE		
	ROVIDER OR SUPPLIER				17TH ST		
	BUS REGIONAL HO			COLUMI	BUS, IN47201		
(X4) ID PREFIX		TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL	D D	ID REFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION
TAG	`	LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	E	DATE
	(A) The patient sa had to "bang on the	eginning at 3:15 p.m.: afety issue that the patient e bed for help" in the d by the hospital for patient addressed.					
S1118	410 IAC 15-1.5-8 (b) The condition of plant and the oversenvironment shall maintained in such safety and well-be assured as follows: (2) No condition significant which is hazard to patients, employees.	of the physical all hospital be developed and n a manner that the ing of patients are s: hall be created or may result in a					
	facility failed to m for 2 of 19 emerge bays/rooms observed. Findings include: 1. During tour of tour a.m. and accompaned p2, P3 and P4 the second light for a patient tour and the room was second to a phone can grow a phone can grow a phone can grow a phone can grow and the second part of the patient tour and the room was second part of the patient tour and the room was second part of the patient to a phone can grow a phone can grow a phone can grow a phone can grow a part of the patient to a patient to a patient to a phone can grow a phone can grow a part of the patient to a patie	the ED beginning at 10:30 mied by staff members #P1, following was observed: m C did not have a call to summon staff if needed not taken out of service. ad a working call light that tried by a staff member, a no staff member carrying	S11	18	S_1118How we are going to correct the deficiency:1.a. Calight placed in Fast Track Roc CDate of completion: July 5 2011Person Responsible: ED Nurse Manager1.b. Hall bay a ascom phone assigned and go to nurse.Person Responsible Nurse ManagerDate of completion: July 5, 2011How are going to prevent deficience from recurring in the future;2. All Hall Bay Beds (# 1- 4) will assigned to Patient Care Coordinator's ascom phone (#7370). Call will also be ser Trauma 2 Float ascom phone 7379) and to Tech ascom phone	om # 3 given : ED we cy a. be	08/04/2011

Facility ID:

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 150112		Ì	LDING	00	(X3) DATE COMPL	ETED	
	PROVIDER OR SUPPLIEI		•	2400 E	DDRESS, CITY, STATE, ZIP CODE 17TH ST BUS, IN47201		
	SUMMARY S (EACH DEFICIEN REGULATORY OR the phone that the or would ring to. 2. Staff member s in interview begin (A) He/she verifi had no call light a	DSPITAL STATEMENT OF DEFICIENCIES ICY MUST BE PERCEDED BY FULL LISC IDENTIFYING INFORMATION) call light was connected to #P1 indicated the following uning at 2:15 p.m.: ed that fast track room C nd that no staff had the Il light from hall bed/bay #3		2400 E	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) (#7381, 7382, 7383 and 738 Email uploaded to demonstraction completed.Person Responsible: ED Nurse ManagerDate of completion 19, 20112.b. Emergency Department Policy "Assessr & Reassessment of Patients revised to include "initial and ongoing safety assessment include call light within reach Policy uploaded that docum changes made to policy.Per Responsible: ED Nurse ManagerDate of completion 11/112.c. ED staff communic on policy change, change in ascom assignment to PCC a reinforced need to assure patients have call lights. We document uploaded to demonstrate action completed.Person Respons ED Nurse ManagerDate of completion: 7/19/112.d. Rein policy change and assignment hallway phones at staff meetings.Person Responsible ED Nurse ManagerDate of completion: 7/26/11 and 7/28/112.e. Patient Care policy "Assessment/Reassessment"	25) - ate : July nent :" to n" ents son : 07 cated and rd ible: iforce ent of	(X5) COMPLETION DATE
					Patient" revised to include "Safety/risk assessments ar included throughout the function health patterns. Initial assessment includedcall accessibility/use" and "safet risk assessment are ongoing throughout hospitalization". Policy uploaded that docum changes made to policy.Per	ctional light y and g - ents	

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SUR' 00 COMPLETE					
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILE	OING	00			
		150112	B. WING			07/05/2	U11
NAME OF P	ROVIDER OR SUPPLIER				DDRESS, CITY, STATE, ZIP CODE		
					17TH ST		
	BUS REGIONAL HO	SPIIAL		COLUM	IBUS, IN47201		
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		CY MUST BE PERCEDED BY FULL	1	REFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	E	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	 	TAG			DATE
					Responsible: Risk ManagerE of completion: 7/11/112.f. We		
					monitor call lights available in	•	
					ED rooms, including Fast Tra		
					Rooms daily for 7 days, then		
					weekly for 7 weeks. Will		
					determine need for additiona	I	
					monitoring after the 8 week period. Follow up with staff		
					following HR coaching and		
					disciplinary action process if	room	
					without call light.Person		
					Responsible: ED Nurse		
					ManagerDate of Completion: Start monitoring August 4, 20		
					Ctart monitoring / tagact 1, 20	, , ,	